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Iwakuni Clinic Responds To Flight Line Tragedy
By Bill Doughty, U.S. Naval Hospital, Yokosuka Public Affairs

IWAKUNI, Japan - Four Japan Maritime Self Defense Force service members were killed when their U-36A Lear jet crashed during "touch and go" takeoff-and-landing training at Marine Corps Air Station Iwakuni May 21.

U.S. and Japanese emergency responders arrived on the scene in minutes but were unable to help, due to the severity of the victims' injuries.

Hospital Corpsman 3rd Class Miguel Berrios got the emergency call at the Branch Medical Clinic. He and fellow Hospital Corpsman 3rd Class Dessy Lou Dumlao took the first ambulance immediately to the scene.

As their ambulance approached the airfield, Berrios saw smoke. Fire trucks raced onto the flight line.

"About mid-field, I could see debris across the runway and I said, 'Oh God, this doesn't look good. This is probably really bad.'"

Two of the casualties were rushed to the Robert M. Casey Medical Clinic, a branch of U.S. Naval Hospital, Yokosuka. But their injuries were too severe for them to be saved, despite the extensive training and heroic efforts of the corpsmen and doctors.

At the clinic, dental and medical personnel were helped by a cadre of U.S. Marines, serving as stretcher-bearers.

On the flight line, Marines, medical personnel, and firefighters - Japanese and Americans - worked together as they had trained dozens of times in contingency drills.

"It really jelled together," said clinic Officer-in-Charge, Cmdr. Don Albia. "Unfortunately, of course, there was a let-down, because it felt like they had everything to give, but because of the unfortunate incident, they couldn't do anything else."

For several days after the event, branch clinic healthcare professionals held debriefing sessions to help responders deal with the experience and their grief.

"One of the things we do first is recognize we have this profession of caring and giving, and that when we respond, it will always be our best," said Albia. "And sometimes, our best can't do anything."

Senior Chief Hospital Corpsman Romeo Celestino, senior enlisted advisor for the clinic said, "I would like to extend my deepest sympathy to the families of the victims. They are fellow comrades in arms."

He added, "The clinic and staff responded very well, and I am proud of them."

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Naval Hospital Jax 2nd FSSG Comes Home

By Loren Barnes, Naval Hospital Jacksonville Public Affairs

JACKSONVILLE, Fla. - Sixty-nine members of Naval Hospital Jacksonville's 2nd Force Service Support Group (2nd FSSG) returned home May 31 to Naval Hospital Jacksonville. Arriving aboard buses at approximately 1 a.m., after a nine-hour ride from Camp Lejeune, N.C., they were cheered by friends, family and shipmates waving flags and banners at the hospital entrance.

The 2nd FSSG was the first platform to deploy from Naval Hospital Jacksonville, shipping out on Jan. 26. The unit includes members not only from the naval hospital itself, but also from the hospital's branch medical clinics located throughout Georgia and Florida.

Similar to the well-known "MASH" units depicted in film and television, the 2nd FSSG is basically a surgical company. It consists of several elements including shock/trauma platoons as well as surgical platoons.

Braving attacks on their convoys, sandstorms and harsh living conditions and four months of separation from their loved ones, the 2nd FSSG's "Devil Docs" delivered outstanding care to Marine forces in the field. They started out in camps in Kuwait and moved in-country with the Marines as Iraq was invaded.

The trials of the deployment made the return that much sweeter. "Compared to what we went through this feels like heaven," Hospital Corpsman 3rd Class Nathalie McKoy said as she made her return home on crutches.

Lt. Cmdr. Alicia Morrison, Nurse Corps, said the living conditions were very crude. "There was sand everywhere. I don't want to go to the beach for a very long time," she said smiling.

Still she said, "We did great stuff over there. And all the Iraqi people were very appreciative."

She said the experience that will stay with her forever was working with a little Iraqi boy who was critically wounded by a land mine. "The young boy

didn't make it," she explained, "and it affected all of us deeply. To see all the horrors of war, it affects children so badly," she said. "Especially since I work in the pediatrics clinic, it was really bad for us."

Morrison said the Navy medical personnel made a huge difference. "They were unbelievable. We did great things with minimal supplies. Everyone worked together as a team. They were just great."

Lt. Danisha Robbins, Medical Service Corps, agreed. "It was an incredible experience," but added, "It is great to be home." Greeted by her husband and children, she said what got the deployed troops through was planning and looking forward to their return.

Robbins said the most memorable experience for her was when they administered last rites to an Iraqi civilian. "We just tried to make him feel at peace and reduce his fears. He was such a gentle man, very kind."

The deployment was also demanding on families back home. Hospital Corpsman Second Class James Nelms was greeted by his wife, Dawn, and children. Dawn said the separation had been trying.

"It was difficult explaining to a five-year-old why her Daddy was gone, why he wasn't back from work yet," she said. "I got through it with a lot of family support from my parents back in Michigan."

Eighty-four deployed Naval Hospital Jacksonville personnel already returned on May 14 after serving aboard Casualty Receiving and Treatment Ships in the region.

Approximately 20 members of 2nd FSSG continue to be deployed assisting various medical units. They will return in small contingents as their mission requirements are fulfilled. Other hospital staff members are deployed with various Marine units around the globe, with Joint Task Force, Guantanamo Bay, Cuba or providing host nation medical support in Bahrain.

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Combat And Stress, By Any Other Names, Still Smell As Sour
By Rod Duren, Naval Hospital Pensacola Public Affairs

PENSACOLA, Fla. - "What's in a name? That which we call a rose by any other name would smell as sweet." - William Shakespeare, Romeo and Juliet.

In the case of more than 140,000 former military members receiving disability, by any other name, the aftermaths of diagnosed "combat stress" is an acrid smell that may linger long after the physical repercussions of war.

In the days and closing months of Operation Iraqi Freedom, the U.S. military has aggressively planned for and implemented counseling and psychological interventions for a wide array of deployed personnel.

Lt. Cmdr. Jeffrey Jones, Medical Corps, a Navy

psychiatrist who was attached to Fleet Hospital Three, indicated recently in a telephone interview, that he personally saw few cases of combat stress.

"Some service members, throughout this (war), have done very well," he said as the command was preparing to end its operations as a combat field hospital in southern Iraq.

Upon arriving at FH-3 with a preliminary diagnosis of combat stress, a condition describing war-related emotional symptoms that may lead to post-traumatic stress disorder (PTSD), there are generally two options for the psychiatrist on duty. It's either return the service member back to duty or send them home.

The majority of the service members returned to their unit, but some went home, Jones said.

"Only time will tell," he said. After about a month, family and friends may need to keep a vigil on those Sailors and Marines who were preliminarily diagnosed with combat stress. The psychiatrist also said he diagnosed no service members with PTSD.

Symptoms to watch for include intrusive memory loss, reliving trauma and flashbacks, and becoming hyper-vigilant or fearful.

In theater, Navy doctors used the "BICEPS" model to treat those with suspected cases of PTSD. In general terms, "BICEPS" is an acronym for the way physicians may want to treat potential mental health patients. Treat them with Brevity, Immediacy, at a Central location, with Expediency, Proximity to where their company is located - what Jones calls "Three hots and a cot" -- and as simply as possible.

PTSD, or combat stress, is not new. In virtually every wartime scenario in which American forces have been involved - in various decades and centuries - a term was developed for what is combat stress.

During the "War Between the States" in the early 1860s, war-time physicians referred to it as a "soldier's heart". During the "war to end all wars" in the early 20th century, the repercussions of an epidemic of trench warfare became known as "shell shock".

So, what's in a name when symptoms transcend two centuries?

The names may be different, but the signs are generally rigid: nightmares, difficulty sleeping, reliving traumatic events, fear, jitters and irritability.

"We try using relaxation techniques, and they're generally worried about their families, who some of them hadn't had heard from for months," said Jones. "You would be surprised how things change (with their psyche) when we were able to offer them e-mail capability."

"It's been difficult hearing the stories," said Jones, speaking about the daily wear-and-tear on his mental state. "It was also difficult for the psychiatry

tech (corpsman), too, and the surgical staff that saw the injuries. There's nothing pretty about war," he said.

The NH Pensacola-based psychiatrist said the key to getting through the daily grind was his wife and three sons back home, and his faith.

"Some service members have done very well," he continued. The morale-enhancing activities for fleet personnel - sporting events, movies "and good food" - have been real life savers ... much like the Navy medical/surgical teams that saved lives virtually every day.

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Preventive Medicine Team Protecting Marines From Disease From Bureau of Medicine and Surgery Public Affairs

AD DIWANIYAH, Iraq - A Navy preventive medicine team is currently busy working in central Iraq supporting Marines and Navy medical personnel here during Operation Iraqi Freedom.

The 12 members of the Preventive Medicine Mobile Medical Augmentation Readiness Team 5 (PM-MMART 5) spent months preparing for the current situation and are mounting an offensive against the preventive medicine challenges that are critical to maintaining a robust force health protection (FHP) posture.

The team is made up of five officers and seven enlisted personnel who have expertise in medical entomology, preventive medicine/environmental health, microbiology, and industrial hygiene. The team is also capable of analyzing a wide range of chemical, biological and radiological warfare agents.

Medical staff and Marine operational staffs worked together to deploy three of these public health surveillance teams into theater: one in Ad Diwaniyah in central Iraq, one in southern Iraq, and one in Kuwait to provide advanced diagnostic and specialty consultation to medical officers and operational commanders. Their presence has been essential, according to Navy Capt. Joel Lees, Medical Corps, 1st Marine Expeditionary Force surgeon.

"Team 5 has been a great asset to us!" says Lees. "They've been able to rapidly tackle some potentially important public health issues for us and get good advice out to the commanders and their medical staffs in time to help keep the problems minimal."

Shortly after arriving here, PM-MMART 5 made the first laboratory diagnoses of malaria, shigella, and norovirus in Marines and Sailors in Iraq.

"We concentrate on preventing or mitigating that subset of medical issues that can rapidly degrade the combat power of the Marines," said Cmdr. Scott Sherman, Medical Corps, medical team leader and public health

physician. "Because of our range of expertise and specialty equipment, we get involved in a very wide variety of medical issues that have the potential to cause acute disease or are of concern for chronic exposures."

The team has been extensively utilized by elements of the 1st Marine Expeditionary Force for mosquito control operations, water testing, blood/stool testing for infectious agents, epidemiological consultation, environmental sampling, safety consultations, traditional field sanitation and hygiene issues, and analysis of unusual chemicals or vapors in camp areas and at one of the liberated palace compounds.

"The commanders have done a good job identifying areas of concern," said Lt. Cmdr. Lucy Walker, PhD, industrial hygiene specialist for PM-MMART 5 and assistant team leader. "We are able to come in, characterize the nature of the exposure and give them good, practical advice on how to reduce the threats and then document those exposures for the ongoing Force Health Protection program."

Chief Hospital Corpsman Robert Hunt, the leading chief petty officer with the team, added, "The PM technicians out in the field with these units are doing a great job in keeping the disease and non-battle injuries (DNBI) down in their units - this is a tough place for public health and they are keeping DNBI very low."

In addition to the individual expertise of the members, the team deploys highly technical equipment that gives them the ability to do advanced microbiological analysis, and sophisticated water and toxic chemical testing, from colorimetric to gas chromatography, mass spectroscopy, and infrared spectroscopy.

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Navy Medicine In The Korean War To Be Honored By Jack A. Green, Naval Historical Center Public Affairs

WASHINGTON - The contribution of the U.S. Navy Medical Corps in the Korean War (1950 - 1953) will be the subject of a commemoration ceremony and historical review in Washington June 19.

This legacy of professional service will be honored at the U.S. Navy Memorial, located at 701 Pennsylvania Ave, Washington, D.C.

Following the ceremony, selected members of the U.S. Navy Medical Corps and patients who participated in action during the Korean War will provide further comment and insight into their experiences. The combined event will begin at 10 a.m. and conclude at 1 p.m.

During this war, many doctors, corpsmen, nurses and

other medical support personnel of the U.S. Navy served in and around the combat zone. As a result of their brave and loyal service, along with the most modern technological advances available at the time, many lives were saved and injuries repaired.

"This ceremony will help correct a tendency in our culture to recognize people after they're dead," said Jan Herman, Bureau of Medicine and Surgery historian. "But those people never get the joy of knowing anybody ever appreciated what they did."

This ceremony is one of a series of commemorative events about the Korean War (June 25, 1950 - July 27, 1953) sponsored by the U.S. Sea Services 50th Anniversary of the Korean War Commemoration Committee.

Those interested in attending may obtain additional information from the Naval Historical Center by calling (202) 433-9785 or through the Navy Heritage Center Web site at www.lonesailor.org.

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Healthwatch: Understanding Headache Pain

By Aveline V. Allen, Bureau of Medicine & Surgery

WASHINGTON - Does the throbbing pain of a headache interfere with your daily lifestyle?

Now is the time to educate yourself and your loved ones who may suffer with headaches, as the nation observes National Headache Week June 1-7, 2003.

"According to the American Council for Headache Education(ACHE), during this last year, at least 90 percent of men and 95 percent of women have experienced at least one headache.

Headaches are classified in two general categories, primary and secondary. Primary headaches, which account for more than 90 percent of all headaches, are those that occur alone, not associated with other health-related problems. These include tension-type, migraine, and cluster headaches.

The second type, secondary headaches, are the result of certain medical conditions like an infection, tumor, head injury, or blood vessel problems. According to the ACHE, these headaches account for less than 10 percent of all headaches.

Taking over-the-counter pain relievers may not always be the answer to relieving headaches.

"Excessive use of short-acting analgesics, such as acetaminophen or ibuprofen, can increase the frequency of headaches," said Cmdr. George McKenna, Medical Corps, head of neurology at National Naval Medical Center, Bethesda, Md. "These are called 'analgesic rebound headaches' and are likely to occur if patients use these medications to treat headaches as frequently as 15 days per month."

He cautions that if you are using headache pain

relievers more than 15 days a month, you should get medical attention.

The most common of headaches is the tension-type, associated with an ongoing ache, which affects both sides of your head. Headache statistics show that nearly 75 percent of all people suffer from tension-type headaches. In addition, 90 percent of adults have experienced this type of headache. These headaches may also be related to stressful events, a hectic workday, and may even become chronic.

Although tension-type headaches may be a painful discomfort to you, migraine headaches can be even more painful or uncomfortable. They are less common than tension-type headaches, but affect approximately 25 to 30 million persons in the United States, according to the ACHE.

These headaches are characterized by a possible disabling factor, which may include certain symptoms before the actual onset of the headache. These include aura, or neurological symptoms, such changes in vision in which you experience a pattern of flashing or brightly colored lights across your visual field. Migraine headaches, which mostly occur on one side of the head in a throbbing pain, can also be accompanied by nausea, vomiting, and sensitivity to light. The ACHE reports that at least 6 percent of men and 18 percent of women suffer from migraines.

While tension and migraine headaches affect many people, the least common of headaches are the cluster headaches, which rarely occur, and affect approximately 1 percent of the population. According to the ACHE, statistics show that 85 percent of cluster headache sufferers are men. The onset of these headaches come in clusters and can last weeks or even months. The pain is very severe, but the attack is fairly short. This type of headache centers around one eye, which could be inflamed or teary. According to the ACHE, cluster headaches may strike in the middle of the night, and occur at approximately the same time each day, during the course of a cluster. They report that excessive smoking and drinking have been linked to these type of headaches, with alcohol being a trigger for the attacks.

"Headaches that awaken patients from sleep can be due to migraine, rebound or cluster, but can also be a sign of increased pressure on the brain such as from a brain tumor," said McKenna.

With such a variety of headaches, you may ask what triggers their occurrence. According to the ACHE, some headache triggers include certain foods, odors, such as perfumes, emotional factors, such as depression, anxiety, frustration or even excitement, menstrual periods and weather changes.

However, to avoid the possible onset of headaches, you can take some simple everyday steps. Headache

experts recommend maintaining regular sleep patterns, exercising regularly, eating regular meals and reducing stress.

For more information on headaches, visit the ACHE Web site at www.achenet.org.

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Got news? If you'd like to submit an article or have an idea for one, please contact MEDNEWS at 202-762-3221, fax 202-762-1705 or btbadura@us.med.navy.mil.